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## Draft area programme document**

## Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the Occupied Palestinian Territory

*Summary*

The Executive Director presents the draft area country programme document for the Palestinian children and women for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,000,000 from regular resources, subject to the availability of funds, and $24,240,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006-2007.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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*Basic data*†
*(2003 unless otherwise stated)*

| | *Occupied Palestinian Territory* | *Palestinians living in the Syrian Arab Republic* | *Palestinians living in Lebanon* | *Palestinians living in Jordan* |
|---|---|---|---|---|
| Child population (millions, under 18 years) | 1.9 | 0.2[c] | 0.2[c] | 0.7[c] |
| U5MR (per 1,000 live births) | 24 | 27[c] | 37 | 28* |
| Underweight (%, moderate and severe) | 4[b] | 7*[c] | 4 | 4*[b] |
| Maternal mortality ratio (per 100,000 live births) | 100[d] | 65*[f] | 150*[d] | 41** |
| Primary school attendance/enrolment (% | 91/92[c] | | 97/96*[c] | 89/90*[b] |
| net, male/female) | 95/95[g] | 100/95*[g] | 90/98*[g] | 91/92*[g] |
| Primary school children reaching grade 5 (%) | 98[e] | 92*[e] | 86 | 98*[b] |
| Use of improved drinking water sources (%) | 94[h] | 95** | 70 | 99** |
| Adult HIV prevalence rate (%) | .. | <0.2 | 0.3 | .. |
| Child work (% children 5-14 years old) | .. | 8 | 6* | .. |
| GNI per capita (US$) | 1 110 | 1 160* | 4 040* | 1 850* |
| One-year-olds immunized against DPT3 (%) | 98 | 99 | 92* | 97* |
| One-year-olds immunized against measles (%) | 99 | 99 | 96* | 96* |

† More comprehensive country data on children and women are available at www.unicef.org.
Compiled from various official and UN sources.
* Denotes host-country data.
** UNRWA camp facilities only.
[a] 1995-96.
[b] 1998-99.
[c] 2000.
[d] WHO/UNICEF 2000 adjusted estimate.
[e] 2000-01.
[f] 2001.
[g] 2001-02.
[h] 2002.

## Situation of children and women

1. The majority of Palestinian children and women — whether living in the Occupied Palestinian Territory or in Jordan, the Syrian Arab Republic or Lebanon — continue to suffer from the problems associated with realizing the rights to survival, development, protection and participation. In the Occupied Palestinian Territory, they experience rising trends in infant and maternal mortality, decreasing access to education and increasing signs of psychosocial distress.

2. Ongoing violence in Gaza and the West Bank, combined with the negative effects of barriers and closures, severely limits freedom of movement and opportunities for holding jobs and accessing health, education and other basic services. Outside the Occupied Palestinian Territory, refugees face significant challenges.

3. Recent surveys in the Occupied Palestinian Territory found that 32 per cent of Palestinian students have seen their schools surrounded by military forces, and 51 per cent admitted to using physical violence against their schoolmates. In addition,

44 per cent of teachers resorted to physical punishment of students, and 56 per cent of parents applied physical punishment to their children. In 2004, 153 Palestinian children were killed and well over 3,000 injured, and these figures represent an increase of 25 per cent and 50 per cent, respectively, over 2003. Overall, since September 2000, more than 685 Palestinian children have been killed as a result of the conflict. A baseline survey undertaken in two unofficial camps in Jordan also indicated use of violence and aggressive behaviour among parents and adolescents.

4. The basic cause of poverty in the Occupied Palestinian Territory is the enduring occupation and conflict. Until these circumstances change, interventions shall focus primarily on preventing a worsening of all basic indicators, mitigating the impact of violence and strengthening development capacity.

5. Health indicators in Gaza for both the infant mortality and under-five mortality rates were markedly below national averages and have worsened over the last four years, with mortality rates increasing by 30-35 per cent. Overall, about 2,500 Palestinian children are dying every year, mainly from premature or underweight birth, respiratory infections, or congenital malformations. A trend towards increased stunting (which progressed from 7.2 per cent in 1996 to 9.4 per cent in 2004) reflects growing levels of poverty and malnutrition. The findings of a serosurvey conducted during the last quarter of 2003 revealed that although more than 90 per cent of children under five had received measles vaccinations (two inoculations), less than two thirds have acquired immunity protecting them from the disease. This may be attributable to the exposures and delays of vaccine deliveries at checkpoints. Severe overcrowding in some squatter areas near refugee camps has contributed to a deterioration of the infrastructure, further endangering children's health.

6. Schools in the Occupied Palestinian Territory are frequently beset by violence and closures. Last year, nearly 200,000 children had their education disrupted, and many are now taught at home or in makeshift classrooms. These factors have contributed to a sharp decline in the quality of education.

7. Palestinian children are showing increasing signs of psychosocial distress, manifested in aggressive behaviour, low school achievement, nightmares and bedwetting. These signs of distress were most evident in the Gaza Strip, in refugee camps, and among the poorest children.

8. Recent elections in the West Bank and Gaza and the subsequent improved political dialogue with Israel offer a glimmer of hope. UNICEF will seize this opportunity to extend assistance to the Palestinian Authority for capacity-building for the creation of structures and systems needed to fulfil the rights of all children.

## Key results and lessons learned from previous cooperation, 2004-2005

The current programme began in 2004. The results below are based on one-year implementation.

### Key results achieved

9. In the Occupied Palestinian Territory, nine emergency teams provided support to more than 5,000 children and 12,000 caregivers affected by violence in Gaza and

the West Bank. The teams, made up of social workers and psychologists working for Government Ministries, were immediately mobilized after the occurrence of violent events to provide individual and group counselling to children and parents.

10. All children in the Occupied Palestinian Territory now have access to legal aid through UNICEF and other partners.

11. A sustained immunization coverage rate of over 90 per cent for children in the programme area was achieved. The adoption of a national policy on flour fortification was substantially advanced in the Occupied Palestinian Territory, and children and women of childbearing age received micronutrient supplementation in areas where malnutrition is rising. In the Occupied Palestinian Territory, training of staff from the Ministry of Health in the provision of quality immunization and maternal and child health services was implemented in all 15 districts, while training in the Integrated Management of Childhood Illness (IMCI) took place in 10 districts.

12. A remedial education initiative allowed 90,000 children to continue their learning, despite regular conflict-related interruptions. During military incursions in the Gaza Strip, 40,000 children received worksheets, school bags and other materials enabling them to continue their schooling. The provision of 397 school-in-a-box kits helped some 40,000 additional children to continue their education.

13. Life skills training was given to 750 school teachers and 450 principals. As a result, teachers were able to provide some 3,000 students with information and practical skills for dealing with stress, conflict management, aggression and tolerance. Life skills lessons were integrated in the new Palestinian curriculum for fifth grade civic education. Meetings with parents on this new curriculum were held in 50 schools. In Jordan, 200 adolescents were trained to facilitate life skills training among peers.

14. Adolescent participation was a key focus of work in the Syrian Arab Republic, Lebanon and Jordan, where Palestinian children and adolescents were included in local development committees. The young people revealed a strong will to make a meaningful contribution to community life. In the Occupied Palestinian Territory, eight locations began a Child-Friendly Cities Initiative giving over 90,000 children and adolescents access to recreational and participation opportunities through sports, safe play areas and Children's Municipal Councils. The Councils, comprising adolescents democratically elected in their schools to represent children in their municipality, were established in six cities. The Councils were created as a way to widen the limited opportunities available for children to participate in municipal planning, to have access to safe play areas and to socialize with their peers. In Lebanon, UNICEF focused on adolescent rights and undertook micro-credit programmes for Palestinian women living in camps to help boost household incomes.

15. Efforts to improve the situation of women and children in Jordan focused on two large informal camps that are not under the auspices of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). In the camps, Area Local Committees were established to strengthen women's empowerment and local leadership, and 530 parents received training in early childhood development.

16. Baseline data on knowledge of HIV/AIDS prevention among young Palestinians was collected. Key messages on HIV/AIDS were integrated into the national tenth grade curriculum in the Occupied Palestinian Territory, and a pilot project using a peer-to-peer approach was implemented in preparation for scaling up in the country programme cycle 2006-2007. In the Syrian Arab Republic, UNICEF conducted awareness-raising seminars on HIV prevention for local communities in almost all camps and supported UNRWA training for 100 school teachers who will discuss HIV/AIDS with students.

**Lessons learned**

17. The Children's Municipal Councils have proven to be a useful instrument for prioritizing children's concerns regarding municipal agendas. Additional advocacy and capacity-building efforts are needed to scale up the experience with Councils and include them in all municipal planning and budgeting.

18. In Lebanon, the micro-credit scheme that UNICEF undertook for Palestinian women living in camps has been effective in helping boost household incomes in the programme areas.

19. The Syrian Arab Republic initiated special training for UNRWA school directors, supervisors and teachers on the Convention on the Rights of the Child. By the end of 2004, 240 people had been trained in how to present and discuss the Convention with students during classes and other school activities. As a result, students are now expressing themselves better and participate more actively in class activities. The success of the training was due in part to the conscious decision to present the Convention in a culturally sensitive way, so as not to conflict with traditional Palestinian family norms and values.

20. In Jordan, the decision to focus the programmatic thrust on two unofficial refugee camps, and the strong partnerships forged in this process, have enabled UNICEF to reach the most disadvantaged Palestinian children, to improve coordination with UNRWA, and to enhance the sustainability of results in basic services.

## The programme of cooperation, 2006-2007

### Summary budget table

(In thousands of United States dollars)

| *Programme* | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Child survival, growth and development | 1 010 | 6 800 | 7 810 |
| Universal primary education | 580 | 6 060 | 6 640 |
| Child protection | 480 | 2 430 | 2 910 |
| Development and participation of adolescents | 540 | 4 280 | 4 820 |
| Advocacy, communication, social policy planning, monitoring and evaluation | 760 | 2 980 | 3 740 |
| Cross-sectoral costs | 630 | 1 690 | 2 320 |
| **Total** | **4 000** | **24 240** | **28 240** |

## Preparation process

21. Close consultations were held among all stakeholders, governments, UNICEF and other partners, including UNRWA and other United Nations agencies. Participatory meetings were held with lead counterparts, non-governmental organizations (NGOs), community-based organizations and donors. Representatives of Children's Municipal Councils and members of Adolescent and Youth Clubs also participated.

22. The preparatory process also built on lessons learned from the annual and midterm reviews of the 2004-2005 Programme, carried out separately in the Occupied Palestinian Territory and each of the three countries, as well as from a joint midterm review of the area programme, held in December 2004 and February 2005 in Amman, which aimed to identify key problems facing Palestinian children and to explore future directions for the programme.

## Goals, key results and strategies

23. The 2006-2007 area programme adopts a four-pronged approach to achieving its goal of contributing towards the realization of the rights of Palestinian children to survival, development, protection and participation. The programme is designed to build the capacity of local and national duty-bearers to develop policies and to deliver required services as well as to strengthen the capacity of rights-holders to enjoy their rights. The programme supports national-level interventions as well as selected specific-area interventions where serious disparities have been identified. Some components of this approach will be implemented area-wide, while others will remain specific to the Occupied Palestinian Territory and the three countries. The programme is designed to be flexible and adaptable to the prevailing operational conditions.

24. By the end of 2007, the key results to be achieved by the programme will include:

(a) an improved knowledge base on children and a system established with core indicators for monitoring and analysis of key factors undermining children's and women's rights;

(b) appropriate policies, social sector plans, strategies and budgets in place for an improved protective environment for all children against violence, abuse and being deprived of primary caregivers;

(c) improved mechanisms and services adopted to detect, support and refer children who are victims of abuse, exploitation and violence;

(d) at least 50 per cent of children under five will have access to early childhood development services, focusing on health and early learning;

(e) malnutrition due to inappropriate breastfeeding and complementary feeding practices and micronutrient deficiencies will be reduced by 30 per cent;

(f) all school-aged children will have access to primary education;

(g) access of children and adolescents to a gender-sensitive, life skills education will increase by 30 per cent;

(h) official policies that enhance development, protection and participation of adolescents will be adopted and will be in the process of implementation;

(i) opportunities for adolescent participation, recreation, socialization and sports will be expanded to encompass 10,000 children and adolescents, with sports opportunities provided to at least 50 per cent of girls.

25. In order to achieve these results, the programme of cooperation will adopt the following strategies:

(a) *Delivery of basic services* including health and education in selected areas of the Occupied Palestinian Territory and the three countries. A sustainable integrated approach will address the needs of women, children and young people. Best practices will be used on a larger scale and for resources mobilization.

(b) *Capacity-building* at all levels for programme management, including greater accountability in order to increase the efficiency and effectiveness of the programme and to promote community participation and family empowerment. The capacity of communities to seek information and to make decisions will be strengthened in order to raise demand for quality services. At the national level, this strategy will greatly contribute towards producing policies on early childhood development, the adoption of a national policy on flour fortification and exclusive breastfeeding practices as well as towards improving the health information system.

(c) *Social mobilization* and communication for behaviour change is the third prong of the programme strategy. This will promote family and community knowledge and key practices for child survival, development and participation.

(d) *Partnership and coordination* is essential to achieve lasting results, leverage resources, share information, including best practices, and avoid overlapping. The programme will encourage collaboration with members of civil society who are active in the areas of child protection, health, education, HIV/AIDS prevention and youth, as well as with United Nations agencies and the private sector in order to rationalize the use of the limited resources and avoid duplication. This strategy will reinforce the existing good working relationships in the United Nations family aimed at establishing a common development framework that tackles national priorities.

**Relationship with national priorities and UNDAF**

26. For the Occupied Palestinian Territory, the area programme is consistent with national goals expressed in the Seven-Year National Plan of Action for Palestinian Children and the 2005-2007 Medium-Term Development Plan, reflecting the Palestinian Authority's commitment to the Millennium Development Goals and the goals of *A World Fit for Children*. The new Palestinian Child Rights Law, adopted in January 2005, and the development of a National Youth Policy, expected to be completed before the end of 2005, will further guide programme implementation.

27. The Syrian Arab Republic, Lebanon and Jordan are aligning their interventions for Palestinian refugee children with the country Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF). Although in the Occupied Palestinian Territory, no CCA/UNDAF is currently in place, momentum is building for its development. The United Nations Population Fund (UNFPA), UNICEF and the World Food Programme (WFP) have consolidated

a common situation analysis for the current programming year. The United Nations group is to convene in the second quarter of 2005 to discuss a common desk assessment of West Bank and Gaza, which will draw on existing information resources and monitoring mechanisms on the ground and be conducted in cooperation with the Palestinian Authority and other partners.

**Relationship to international priorities**

28. The programme is directly in line with the Millennium Development Goals and the medium-term strategic plan of UNICEF. The programme contributes to the Goals of expanding primary education, reducing child mortality, and combating HIV/AIDS, as well as making progress towards the child rights objectives articulated in the Millennium Declaration and the Convention on the Rights of the Child.

**Programme components**

29. The programme consists of five components: child survival and development; promotion of universal education; young people's participation; child protection issues within the deteriorating environment; and advocacy and monitoring of children's rights.

30. **Child survival, growth and development.** The programme seeks to reduce child mortality and to ensure that children enjoy the highest attainable standards of health and development. The strategies to achieve these results include capacity-building, service delivery, community participation and advocacy with high-level duty-bearers to place children's health high on the social agenda.

31. The area programme will focus on expanding the coverage, utilization of quality and decentralized health interventions, preventing further deterioration of children's health, and reversing the negative trends in children's nutritional status. The main programme interventions will provide intensive training to providers of health services in the areas of child and newborn health and will support the reinforcement of the management capacity of health services at all levels. The programme will provide access to services for the most vulnerable Palestinian households and children. Other key interventions include technical assistance; training of primary health-care staff in IMCI, including an outreach component of family education; providing information management in areas key to infant and child health; and research, communication and social mobilization aimed at improving overall knowledge and practices among parents in child survival and development. The programme will work at the family/community level, carrying out Better Parenting initiatives in order to encourage behaviour change among parents and caregivers.

32. UNICEF will meet the needs for vaccines, vaccines security, essential drugs and micronutrients. With UNICEF support, the programme will lead at the national level to the adoption of an improved national policy on early childhood development.

33. The Ministry of Health will be the key partner for day-to-day implementation in the Occupied Palestinian Territory. Initiatives for the rest of the area will be undertaken in collaboration with UNRWA, the General Administration for Palestinian Arab Refugees in the Syrian Arab Republic, and the Department of

Palestinian Affairs in Jordan. Improvements in information management on child health will involve work with both the Secretariat and the Ministry of Health. The World Health Organization (WHO), UNFPA and WFP are other key partners in the health and nutrition sectors.

34. **Universal primary education.** The programme seeks to ensure that children's right to education is recognized and fulfilled by key duty-bearers, with this effort contributing towards universal primary education.

35. In the Occupied Palestinian Territory, the programme will improve educational access and learning achievement through comprehensive efforts in capacity-building for managing education information. The programme will also promote demand for education services by strengthening relationships between schools, families and communities, and improve school and classroom environments. The programme will improve educational management by strengthening the capacity of the education management information system (EMIS) personnel to document and analyse data on school enrolment and performance. It will reinforce the capacity of educational planners in the use of EMIS data for national and local planning and monitoring, and the capacity of school personnel for accurate record-keeping.

36. For the youngest children, the programme will work with education authorities to develop a framework addressing basic education and early childhood development. This, in turn, will lead to the formulation and updating of policies, strategies and tools to improve school readiness, in part by providing pre-school facilities for at least half of all children and training programmes for pre-school and primary school teachers.

37. In the Occupied Palestinian Territory, the Ministry of Education will be the key partner along with UNRWA, which is responsible for the education of nearly one third of all children within the Occupied Palestinian Territory and for most of the children in refugee families. The United Nations Educational, Scientific and Cultural Organization also plays a major role in the education sector, as does Save the Children. The contribution of UNICEF will consist mostly of training and technical assistance, along with the provision of educational materials for emergencies. In the Syrian Arab Republic, UNICEF will provide the UNRWA education department with further training on Global Education and Health Education methods, as well as with teaching aids for UNRWA schools. Training and capacity-building among teachers will be aimed at ensuring that all schools understand and can apply the "child-friendly" concept.

38. **Child protection.** The child protection programme seeks to ensure that effective mechanisms are in place to detect and address the physical, psychological and social impact of violence, abuse and exploitation on Palestinian children in the area programme.

39. The expected results will be accomplished through four main strategies: evidence-based advocacy, using information from studies and monitoring; the development of laws and policies pertaining to violence against, and abuse of, children; awareness-raising at the community level to reduce domestic violence; and building the capacity of service providers — teachers, counsellors, doctors, nurses and social workers, among others — to recognize and respond to cases of violence and abuse.

40. The programme calls for collaboration with legislators and school authorities in efforts to reduce violence in schools and to create or strengthen national policies for adolescent participation. In the Occupied Palestinian Territory, five Child Protection Networks will be developed with local authorities, school health teams, and parents.

41. **Development and participation of adolescents.** The programme seeks to create an environment that values children and adolescents and enables them to be proactive and to participate.

42. The programme will employ several main strategies: high-level advocacy in favour of increased protection and participation of adolescents; capacity-building for implementing and monitoring National Youth Policies as a way to expand initiatives such as adolescent-friendly spaces, Children's Municipal Councils, student councils and youth committees; and social mobilization to promote public awareness of the needs and rights of adolescents. In the Syrian Arab Republic, advocacy will be directed towards ensuring that Palestinian children and adolescents are represented on existing national youth councils.

43. The main activities of the programme will include the development and implementation of National Youth Policies, efforts that will encourage the participation of young people; the provision of quality services to adolescents, especially adolescent-friendly services and safe spaces for sports and recreational activities; and the inclusion of life skills training, in the educational system as well as non-formal educational and recreational settings, to enable adolescents to make informed decisions and protect themselves from risky behaviours, including those that might lead to HIV/AIDS.

44. Key partners of the programme will include the Ministries of Youth and Sports, Education and Higher Education, and Health, as well as municipal leaders, the Palestinian Broadcasting Corporation and the Palestinian Central Bureau of Statistics, along with local and international NGOs. In Jordan, UNICEF will work with Government, UNRWA and local NGOs. The main contributions of UNICEF will be technical assistance and capacity-building.

45. **Advocacy, communication, social policy, planning, monitoring and evaluation.** The programme seeks to improve the knowledge base, advocacy efforts and social policies in support of children's rights and to strengthen the institutional capacity of the partners in results-oriented, participatory and community-based planning and improved performance-monitoring and evaluation.

46. The expected results will be achieved through a variety of strategies, including: (a) working with the media to sensitize the general public about the importance of improved social policies and investments in favour of children; (b) developing common indicators for monitoring implementation of the Convention on the Rights of the Child, in partnership with UNRWA and NGOs; (c) supporting the establishment of a database that includes all Millennium Development Goals and the goals of *A World Fit for Children* and conducting a situation analysis focusing on social inclusion and equity, especially regarding the provision of social services; (d) capacity-building in programme planning, monitoring and evaluation; and (e) enhancing the capacity of key ministries to incorporate a child-rights approach into policy development, planning, and budgeting exercises during the development of sector-wide and sector investment programmes.

47. The main implementing partners for this programme will include the Ministry of Planning, the Central Bureau of Statistics, planning and statistics units in line Ministries, the media and selected NGOs. Partnerships will also be pursued with UNRWA, the United Nations Development Programme (UNDP) and other United Nations agencies, and selected research institutions.

48. The programme is cross-cutting in nature and the success it achieves in implementation will contribute to the effectiveness of all programme components. Consequently, there will be a need to strengthen the capacity of UNICEF staff in the four offices in planning, monitoring and evaluation and advocacy and social policy analysis.

49. **Cross-sectoral costs.** This component refers to staff and recurrent costs (such as office rent, utility costs and costs of security in United Nations security phase three areas) and the salaries for staff in zonal offices, administration and finance, and supply procurement.

**Major partnerships**

50. For the entire area programme, the emerging cooperation between UNICEF and UNRWA is crucial. The two agencies have begun to compile a matrix to map existing and potential areas of cooperation in the area and discuss new avenues for joint activities. UNRWA will hire a Senior Protection Policy Advisor to lead policy development in line with the Convention on the Rights of the Child. UNICEF will provide technical assistance to train UNRWA staff on child rights issues. UNICEF will also work with UNDP on issues related to safe play areas. In addition, UNICEF and WHO will work together on health and nutrition and produce a joint "State of Nutrition" document. The Joint United Nations Programme on HIV/AIDS and UNFPA will work with WHO and UNICEF on HIV/AIDS intervention. UNICEF enjoys a broad range of partnerships with national and international NGOs with effective outreach within the Palestinian community, including Defense for Children International, Save the Children, Palestinian Youth Association for Leadership and Rights Activities, the Canaan Institute and the Palestinian Red Crescent Society. Maintaining existing partnerships with major donors and identifying new donors will be a major focus for the future programme.

**Monitoring, evaluation and programme management**

51. The management of the proposed area programme will continue to follow a decentralized approach under close coordination of the Occupied Palestinian Territory office in Jerusalem. Experience gained from the current programme's management arrangements will be used to further strengthen programme planning and monitoring efforts by all four offices.

52. Monitoring and evaluation activities will be coordinated through integrated monitoring and evaluation plans (IMEPs), which will also be used as management tools. To a large extent, data required for monitoring is available from routine national and subnational information systems, supplemented by periodic surveys. UNICEF will continue to support surveys that are identified through the annual IMEPs. In addition, UNICEF offices will establish a database to systematize both situation and programme monitoring.

53. Evaluations and studies will be planned as part of the annual work plan. UNICEF will give major emphasis to evaluations in order to review the capacity of institutions to achieve their mission and to respond to the demand for social services. Evaluations will feed into the midterm review of the programme, to be conducted at the end of 2006.

54. Key indicators will cover the following areas: the development of social policies and plans that enhance development, protection and participation of children and adolescents; the percentage of national and bilateral/multilateral assistance budgets allocated to child-related services; mechanisms and services in place to detect, support and refer children who are victims of abuse, exploitation and violence; the percentage of young children with access to comprehensive early childhood development services; the percentage of children affected by malnutrition, including micronutrient deficiencies; the percentage of primary school-age children attending and completing school; the percentage of adolescents with access to life skills-based education; and the percentage of adolescents with opportunities for participation, recreation and socialization.